

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**ALAMEDA COUNTY TREASURER**

1221 OAK STREET

OAKLAND CA

94612

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.04099633</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>3,406,081.33</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,406,081.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>34,292,814.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00011219</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>9,321.04</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>1,315.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,006.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>82,014.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**AMADOR COUNTY TREASURER**

810 COURT STREET

JACKSON CA

95642

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00145397</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>120,799.60</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>62,026.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>58,773.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>657,984.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00938333</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>779,591.37</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>595,059.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>184,532.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,493,485.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00149500</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>124,208.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>91,395.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>32,812.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>427,985.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00118558</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>98,501.06</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>79,998.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>18,502.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>271,735.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.02081557</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,729,411.50</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,729,411.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>17,411,910.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00140174</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>116,460.19</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>78,135.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>38,324.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>469,304.93</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00542726</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>450,910.82</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>353,528.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>97,382.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,358,065.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.02542399</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,112,290.97</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,112,290.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>21,266,783.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00134475</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>111,725.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>78,793.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>32,932.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>415,728.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00944553</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>784,759.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>688,318.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>96,440.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,723,352.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

**Total amount collected:** \$123,924,657.59 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$83,082,591.32 **County/City Ratio:** 0.00935974  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>777,631.45</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>639,442.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>138,189.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,074,303.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00182883</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>151,943.94</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>110,025.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41,918.24</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>539,558.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.01731626</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,438,679.75</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,438,679.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>14,484,791.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00466499</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>387,579.46</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>283,283.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>104,296.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,352,644.20</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00205164</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>170,455.57</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>102,296.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>68,159.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>795,505.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00147004</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>122,134.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>68,711.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>53,423.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>611,261.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.32827786</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>27,274,175.27</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>27,274,175.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>274,599,569.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00459604</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>381,850.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>288,214.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>93,636.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,250,590.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.01088548</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>904,393.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>772,590.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>131,802.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,152,224.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00078333</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>65,081.09</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>43,506.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>21,574.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>263,680.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00296651</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>246,465.34</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>165,499.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>80,965.44</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>991,947.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00573509</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>476,486.14</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>476,486.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,797,325.10</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00086397</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>71,780.87</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>46,903.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>24,877.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>300,562.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00123309</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>102,448.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>36,930.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>65,517.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>699,085.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00843637</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>700,915.48</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>700,915.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,056,892.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

**Total amount collected:** \$123,924,657.59 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$83,082,591.32 **County/City Ratio:** 0.00458914  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>381,277.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>306,296.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>74,980.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,082,074.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00291056</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>241,816.87</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>186,079.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>55,737.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>759,924.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.05520311</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>4,586,417.43</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,586,417.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>46,176,583.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00358832</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>298,126.92</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>298,126.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,001,578.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00123396</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>102,520.59</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>90,519.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>12,001.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>220,357.81</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.03234151</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,687,016.46</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,687,016.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>27,053,187.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.03348594</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,782,098.67</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,782,098.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>28,010,491.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00176123</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>146,327.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>108,601.10</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>37,726.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>495,836.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.03592459</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,984,708.03</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,984,708.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>30,050,382.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.06138058</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>5,099,657.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,099,657.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>51,343,948.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.06260937</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>5,201,748.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,201,748.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>52,371,813.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.01414137</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,174,901.66</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,174,901.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>11,829,043.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00470869</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>391,210.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>391,210.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,938,755.99</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.01453004</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,207,193.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,207,193.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,154,155.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00867979</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>721,139.45</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>721,139.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,260,515.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.03493359</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,902,373.18</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,902,373.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>29,221,435.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00588652</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>489,067.34</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>489,067.34</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,923,986.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00804394</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>668,311.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>536,101.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>132,210.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,903,718.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00028607</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>23,767.44</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>13,588.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,178.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>116,987.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00227385</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>188,917.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>137,203.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>51,713.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>667,205.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.01146356</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>952,422.27</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>687,112.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>265,309.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,405,083.29</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.01854597</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,540,847.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>1,318,335.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>222,511.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,648,972.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.01149563</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>955,086.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>955,086.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,615,922.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA 95992

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00448589</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>372,699.37</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>299,611.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>73,087.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,055,874.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00302136</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>251,022.42</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>191,229.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>59,792.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>806,256.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00127823</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>106,198.66</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>61,149.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>45,048.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>518,878.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.01023676</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>850,496.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>850,496.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,562,900.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

TUOLUMNE COUNTY TREASURER  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00234037</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>194,444.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>145,532.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>48,912.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>647,893.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.01356890</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,127,339.37</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,127,339.37</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>11,350,175.70</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00373361</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>310,197.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>310,197.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,123,116.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00366094</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>304,160.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>239,558.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>64,602.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>906,294.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00123264</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>102,410.93</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>102,410.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,031,088.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00559311</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>464,690.07</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>464,690.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,678,559.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200298A  
PAYMENT ISSUE DATE: 5/24/2013

**PASADENA CITY TREASURER**

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2013 TO: 5/15/2013

<b>Total amount collected:</b>	<b>\$123,924,657.59</b>	<b>Percentage of collection:</b>	<b>0.67042825</b>
<b>Gross monthly apportionment:</b>	<b>\$83,082,591.32</b>	<b>County/City Ratio:</b>	<b>0.00187638</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>155,894.51</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>155,894.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,569,557.21</b>